

To Whom It May Concern:

MAY 10 1973

I, _____ of Koch, T. N. J.
(name) (city and state) do
being the next-of-kin of _____ (name)
hereby authorize the disinterment and examination of the remains
of my late Sister _____, (relationship) (name) under
the direction of the Center for Human Radiobiology, Argonne National
Laboratory, 9700 South Cass Avenue, Argonne, Illinois 60439, or
its scientific successors, such disinterment and examination to be
for the purposes of advancing medical and scientific research and
education. I authorize the transportation of said remains to the
Center for Human Radiobiology for the purpose of carrying out such
examination and to retain such bone specimens as the scientific
personnel may deem fit. The grave site will be restored to its
original condition. All the above procedures will be accomplished
at no cost to me.

Executed as a sealed instrument on May 5, 1973
(date)

Witness

Signature

0003573

RECEIVED
CHR RECORDS
MAY 22 1973